

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**  
 05-29-2002 90722 035 \*\*\*550.00

0196972  
 AV

**DOCUMENT # P99000066551**

1. Entity Name

**ALUSA ENGINEERING AND CABLE COMPANY**

Principal Place of Business

% GLINSKY  
 169 EAST FLAGLER ST #1518  
 MIAMI FL 33131

Mailing Address

C/O THOMAS J. SKOLA, SUITE 100  
 5201 BLUE LAGOON DRIVE  
 MIAMI FL 33126-2065

2. Principal Place of Business

3. Mailing Address

% Thomas J. Skola

Suite, Apt. #, etc.

501 Brickell Key Dr. Ste 602

City & State

MIAMI FL

Zip

33131

Country

Miami - Date

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0936767

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SKOLA, THOMAS J ESQ.

5201 BLUE LAGOON DRIVE, SUITE 100

MIAMI FL 33126-2065

Name

Street Address (P.O. Box Number is Not Acceptable)

501 Brickell Key Drive Ste 602

City Miami

FL

Zip Code 33131

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
 NAME PEREIRA, JOSE LUIZ M DG  
 STREET ADDRESS 5201 BLUE LAGOON DR STE 100  
 CITY-ST-ZIP MIAMI FL 33126 ☐ Delete

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 501 Brickell Key Drive, Ste 602  
 CITY-ST-ZIP MIAMI, FL 33131

TITLE VP  
 NAME PEREIRA, GUILHERME G  
 STREET ADDRESS 5201 BLUE LAGOON DR STE 100  
 CITY-ST-ZIP MIAMI FL 33126-2065 ☐ Delete

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 501 Brickell Key Dr, Ste 602  
 CITY-ST-ZIP MIAMI, FL 33131

TITLE VP  
 NAME RODRIGUES, JOSE LAZARO A  
 STREET ADDRESS 5291 BLUE LAGOON DR STE 100  
 CITY-ST-ZIP MIAMI FL 33126 ☐ Delete

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 501 Brickell Key Dr, Ste 602  
 CITY-ST-ZIP MIAMI, FL 33131

TITLE S  
 NAME SKOLA, THOMAS J ESQ  
 STREET ADDRESS 5201 BLUE LAGOON DR STE 100  
 CITY-ST-ZIP MIAMI FL 33126 ☐ Delete

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 501 Brickell Key Dr. Ste 602  
 CITY-ST-ZIP MIAMI, FL 33131

TITLE T  
 NAME PEREIRA, GUILHERME G  
 STREET ADDRESS 5201 BLUE LAGOON DR STE 100  
 CITY-ST-ZIP MIAMI FL 33126 ☐ Delete

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 501 Brickell Key Dr. Ste 602  
 CITY-ST-ZIP MIAMI, FL 33131

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05/16/02 (305) 375-8484

CR2E034 (9/01)